

Section 3: Core Concepts

To increase the usefulness of the HIV/AIDS epidemiologic profiles for end users, preparers should have a common understanding of

- common terms associated with profiles and epidemiology
- profile goals
- how profiles are used and by whom

Common Terms

At the end of the guidelines is a glossary—a comprehensive list of terms associated with epidemiology and the HIV/AIDS epidemiologic profiles. In addition, Chapter 2 includes common terms and methods that apply to analytical concepts, such as incidence, incidence rate, and prevalence. This section provides some fundamental terms and concepts that all profile writers should understand.

- **Epidemiology:** The study of the distribution and determinants of health, disease, or injury in human populations and the application of this study to the prevention and control of health problems.
- **HIV/AIDS epidemiologic profile:** A document that describes the HIV/AIDS epidemic in various populations in defined geographic areas. It identifies characteristics of the general population, HIV-infected populations, and noninfected (and untested) persons whose behavior places them at risk for HIV. It consists of information gathered to describe the effect of HIV/AIDS on an area in terms of sociodemographic, geographic, behavioral, and clinical characteristics. The epidemiologic profile serves as a source of quantitative data from which HIV prevention and care needs are identified and priorities set for a given jurisdiction.
- **Public health surveillance:** The continuous, systematic collection, analysis, and interpretation of data essential to the planning, implementation, and evaluation of public health practices, all of which are closely integrated with the timely dissemination of these data to those responsible for disease prevention and control. HIV/AIDS surveillance is one example of public health surveillance.

The following terms are used throughout the document:

- **Planning group** refers to CDC- and HRSA-sponsored groups, such as HIV prevention community planning groups (CPGs) and CARE (Comprehensive AIDS Resources Emergency) Act planning councils and consortia.
- **Service area** refers to the jurisdictions of CDC CPGs and the planning regions of HRSA planning groups.

HIV/AIDS Epidemiologic Profile Goals

An epidemiologic profile is designed to

- provide a thorough description of the HIV/AIDS epidemic among the various populations (overall and subpopulations) in a service area
- describe the current status of HIV/AIDS cases in the service area and provide some understanding of how the epidemic may look in the future
- identify characteristics of the general population and of populations who are living with, or at high risk for, HIV/AIDS in defined geographic areas and who need primary and secondary prevention or care services
- provide information required to conduct needs assessments and gap analyses

Users and Uses of an Epidemiologic Profile

Epidemiologic profiles have many users. The primary users are prevention and care planning groups, grantees, and applicants for funding. As you develop the profile, keep these end users in mind. Make the profile user-friendly to all planning group members, regardless of their experience with statistical data.

Planning groups use the HIV/AIDS epidemiologic profile to

- help develop a comprehensive HIV prevention or care plan
- set priorities among populations who need prevention and care services
- provide a basis for determining or projecting future needs
- develop requests for proposals for providers and subcontractors
- increase general community awareness of HIV/AIDS
- disseminate data for providers
- frame research and evaluation questions
- apply for, and receive, funding
- respond to public needs (e.g., educators, funding agencies, media, policymakers)
- modify the composition of planning or advisory group membership to reflect the demographics of HIV/AIDS in the service area

Profile End User	Focus	Specific Uses
CDC <ul style="list-style-type: none"> • Community planning groups • State and local health departments • Community-based organizations 	<ul style="list-style-type: none"> • Preventing and intervening to reduce transmission of HIV/AIDS 	<ul style="list-style-type: none"> • Prioritize target populations and identify appropriate interventions for each priority population • Develop HIV prevention plan
HRSA <ul style="list-style-type: none"> • Ryan White CARE Act grantees • Ryan White planning bodies • Community-based organizations 	<ul style="list-style-type: none"> • Providing services and care for people living with HIV/AIDS 	<ul style="list-style-type: none"> • Set priorities and allocate resources for care • Serve as source document for applications to HRSA's HIV/AIDS Bureau

The profile should also meet the program requirements of the end users. For example, if the planning group using the profile must address emerging communities at risk, ensure that the profile provides data on this topic.

Using the profile to meet CDC prevention guidelines

CDC prevention guidelines state that the community planning process should be used to develop a comprehensive HIV prevention plan. The plan is jointly developed by the health department and the HIV prevention CPGs and focuses on priority setting for target populations for which HIV prevention will have the greatest impact. The first step in HIV prevention community planning is the development of an epidemiologic profile. State, local, and territorial health departments have the responsibility for providing an epidemiologic profile that describes the HIV/AIDS epidemic in the CPG's service area.

Using the profile to meet HRSA CARE Act legislative requirements

As part of a needs assessment, an epidemiologic profile is an essential component of Ryan White CARE Act planning. Legislative requirements and the expectations of HRSA's HIV/AIDS Bureau differ by Title. In general, each Title calls for profile preparers to

- determine the size and demographics of the population with HIV disease
- determine the service needs of these populations, with particular attention to those who know they have HIV disease but are not receiving HIV-related services and to historically underserved persons and communities that are experiencing difficulties in obtaining services
- identify populations with severe needs and comorbidities